

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE MATTER OF THE GUARDIANSHIP OF

**Petition for**

- ☐ **Guardianship of Incompetent**  
☐ **Permanent** ☐ **Standby**  
☐ **Successor**  
☐ **Protective Placement**  
☐ **Protective Services**

Case No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Under oath, I state that:**

1. I am interested as

- ☐ a relative: \_\_\_\_\_  
☐ public official or creditor. The authority of the petitioner to act, fact of indebtedness, continuing liability for maintenance, continuing breach of the public peace is: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

2. The proposed ward's residence is \_\_\_\_\_ County, State of \_\_\_\_\_,  
post-office address: \_\_\_\_\_

3. The person or institution having the care and custody of the proposed ward is:  
name: \_\_\_\_\_ phone number: \_\_\_\_\_  
post-office address: \_\_\_\_\_

4. The spouse and presumptive or apparent adult heirs of the proposed ward, and all other persons believed by the petitioner to be interested are as follows: ☐ See attached.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>POST-OFFICE ADDRESS</u>
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☐ 5. The proposed ward will be transferred directly from a hospital to a nursing home or community-based residential facility by an individual under §50.06, Wisconsin Statutes, requiring a hearing within 60 days.

6. The specific reasons that the proposed ward needs a ☐ permanent ☐ successor guardian is based upon:

☐ The specific nature of the incompetency or spendthrift habits: ☐ See attached.

☐ The attached Certificate of the administrator (or representative) of the U.S. Department of Veterans Affairs.

7. The approximate value of proposed ward's property is:

<u>General Description</u>	<u>Amounts</u>	<u>Comments</u>
Personal property:	\$ _____	_____
Real estate:	\$ _____	_____
Annual income from this property:	\$ _____	_____
Other: _____	\$ _____	_____

Any other claim, income, compensation, pension, insurance or allowance to which the proposed ward may be entitled is ☐ none. ☐ as follows:

<u>General Description</u>	<u>Amounts</u>	<u>Comments</u>
Social security (monthly):	\$ _____	_____
Pension from _____	\$ _____	_____
Others: _____	\$ _____	_____
_____	\$ _____	_____

Medical assistance ☐ yes ☐ no

8. Assets previously derived from or benefits now due and payable from the U.S. Department of Veterans Affairs are:
- ☐
- none
- ☐
- See attached.

<u>General Description</u>	<u>Amounts</u>
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9. The proposed ward has:

- ☐ executed a durable power of attorney. Name and address are attached.  
☐ executed power of attorney for health care. Name and address are attached.  
☐ engaged in other advance planning to avoid guardianship. See attached.

10. The proposed ward presently has:
- ☐
- no guardian.
- ☐
- guardian(s):

(Name:) \_\_\_\_\_

11. The person(s) nominated as
- ☐
- permanent
- ☐
- successor guardian of:

- ☐ person: \_\_\_\_\_ phone number: \_\_\_\_\_  
 post-office address: \_\_\_\_\_  
☐ estate: \_\_\_\_\_ phone number: \_\_\_\_\_  
 post-office address: \_\_\_\_\_  
☐ co-guardian of estate: \_\_\_\_\_ phone number: \_\_\_\_\_  
 post-office address: \_\_\_\_\_  
☐ stand-by guardian of person: \_\_\_\_\_ phone number: \_\_\_\_\_  
 post-office address: \_\_\_\_\_  
☐ stand-by guardian of estate: \_\_\_\_\_ phone number: \_\_\_\_\_  
 post-office address: \_\_\_\_\_

12. Based upon condition of proposed ward, the following legal rights should be retained:
- ☐
- none

- ☐ vote ☐ marry ☐ contract ☐ obtain a motor vehicle operator's license or other state license  
☐ hold or convey property ☐ other: \_\_\_\_\_

☐ **Petitioner is requesting:** ☐ **protective placement** ☐ **protective services**  
**and further states the individual:**

1. ☐ is an adult not previously determined to be incompetent.  
☐ is an adult, determined to be incompetent under §880.33, Wisconsin Statutes:  
     ☐ more than one year preceding the filing of the application for protective placement, requiring court review of the finding of incompetency.  
☐ is a minor and petition for adult protective placement has been submitted within 6 months prior to individual's birthday at which he or she first becomes eligible for placement.  
☐ is a minor who has attained age 14 and is developmentally disabled.

2. has the following disability(s):

☐ developmental disabilities

☐ infirmities of aging

☐ chronic mental illness

☐ other like incapacities: \_\_\_\_\_

3. has a primary need for ☐ residential care and custody ☐ protective services

because: ☐ See attached. \_\_\_\_\_

4. is so totally incapable of providing for his or her own care or custody as a result of these disabilities, that it creates a substantial risk of serious harm to oneself or others, because: ☐ See attached

5. has a disability which is permanent or likely to be permanent.

☐ 6. needs placement at: \_\_\_\_\_

or like facilities:

☐ in an unlocked unit.

☐ in a locked unit because: \_\_\_\_\_

A comprehensive evaluation and recommendation for placement by the appropriate board or designated agency is being filed or will be filed.

**I request that the court:**

1. Order a hearing on this petition

2. Make a finding and determination that proposed ward is incompetent.

☐ 3. Appoint person(s) as guardian as nominated above.

☐ 4. Make appropriate findings and order ☐ protective placement. ☐ protective services.

☐ 5. Dispense with appointment of a guardian of the estate and order payment of ward's funds of \$10,000 or less under one of the alternatives for small estates, as follows: \_\_\_\_\_

☐ 6. Dispense with bond of guardian of estate and order deposit of ward's funds of \$40,000 or less deposited in a restricted account, as follows: \_\_\_\_\_

Subscribed and sworn to before me

on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

Name of Attorney	
Address	
Telephone Number	Bar Number